

R.J. Reynolds

Tobacco Co.

Amy McPartlan

Systems Coordinator
150 Lawrence Bell Dr.
Suite 108
Williamsville, NY 14221
(716) 634-8577
(716) 634-3145

April 10, 1996

RJR Account #664266
QUEEN CITY TOBACCO

COPY

Salem 30¢ off 1 Pack (#600232) March Distributor Program

We have ordered 5 SKUs of shipper displays (#504524) for the above promotion. Product will arrive May 10, 1996.

As always, thanks for your assistance in the marketing of our products.

Sincerely,

Amy

A. McPartlan

#1610

c: C. Alessandra

DPCLTSAL.DOC

51859 6263

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS
MAY 1996 SALEM DPC PRODUCT / DISPLAY ORDER FORM
Distributor Promotion Coverage

SALEM .30¢ Off 1-Pack / #600232

Please complete and return this form to the ROU by no later than:
MAY 10, 1996

Cheryl Alessandra
MGR's NAME

REGION ALLOCATION: 176 SKUs
ALLOCATION
(Item #504524)
PACKED 5 DISPLAYS / SKU

ROU: SEND (✓) _____ DO NOT SEND (✓) ☒
CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED
DIRECT ACCOUNT(S):

Queen City 604260 5
DIRECT ACCOUNT SIS # No./ SKUS (#504524)
PRODUCT ARRIVAL DATE: 5/10/96 (MGR. FILL IN)
SALEM BRAND STYLES / NUMBER OF CASES NEEDED

6049-9449

Kg	100	LT	LT	LT100	SL LT	ULT	UL LT
12M	12M	12M	100	CC	Bx100	LT	100
			12M	6M	12M	6M	12M

DIRECT ACCOUNT SIS # No./ SKUS (#505193)
PRODUCT ARRIVAL DATE: 5 (MGR. FILL IN)
SALEM BRAND STYLES / NUMBER OF CASES NEEDED

Kg	100	LT	LT	LT100	SL LT	ULT	UL LT
12M	12M	12M	100	CC	Bx100	LT	100
			12M	6M	12M	6M	12M

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY

04/16/96

ACCOUNT NUMBER: 664266 QUEEN CITY CIGARETTE
VOUCHER NUMBER: 15306521 1282 CLINTON ST
DATE WRITTEN: 04/16/96 BUFFALO , NY 14206
STATUS: PAID
AMOUNT PAID: 475.00 SEND CHECK TO: ROU

DESCRIPTION	UNITS	AMOUNT
SAL APR \$7 DPC	25.00	175.00
MON.30MAY DPC VP	1000.00	300.00

EXPLANATION: DPC / MAY SALEM / CAA / AMM

51859 6265

MAY SALEM
VOUCHER REQUEST FORM

DISTRIBUTOR PROMOTION COVERAGE PAYMENTS

TO ROU: PLEASE REQUEST PAYMENT FOR THE FOLLOWING ACCOUNT

FROM: Cheryl Alessandra 1645
NAME DIV. AND/OR ASSIGN. #

DATE: 3/1/96

DPC PAYMENT FOR: **MAY SALEM .30¢ OFF 1-PACK / #600232**

ACCOUNT SIS # 664266

ACCOUNT NAME: Queen City

SEND PAYMENT TO (X): ☐ ACCOUNT ☒ MY ATTENTION

ASSEMBLY / DELIVERY PAYMENT:

#/DISPLAYS	RATE PER DISPLAY	TOTAL (\$)
<u>25</u>	x \$7.00	= \$ <u>175.00</u>

VPR PAYMENT:
('MAY SAL PR RED')

#/PACKS	RATE PER PACK	TOTAL (\$)
<u>1000</u>	x \$.30	= \$ <u>300.00</u>

COMMENTS:

(MASTER FORM)

COMPLETE ONE FORM FOR EACH DIRECT ACCOUNT PAYMENT IS REQUESTED FOR

MAIL / FAX THIS FORM TO ROU NO LATER THAN JUNE 21ST,

ATTN: JUDY

1/96

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